



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
Phone (502) 782-8814 ~ <http://adc.ky.gov>

TEMPORARY REGISTRATION AS AN ALCOHOL AND DRUG PEER SUPPORT SPECIALIST:

APPLICATION INFORMATION SHEET / CHECKLIST

Description: Applicants for Temporary Registration as an Alcohol and Drug Peer Support Specialist typically have a High School Diploma or equivalent and are still obtaining the work experience, supervision, and training needed to become a fully registered Alcohol and Drug Peer Support Specialist. They also attest to being in recovery for a minimum of two years from a substance related disorder and have not yet taken or passed the Peer Support Specialist Exam. The period of a temporary credential shall be terminated upon the passage of two years from issuance*.

- ☐ 1. Eighteen (18) years of age or older.
- ☐ 2. Section 1 of application completed.
- ☐ 3. Section 2 completed – describing education attainment of at least high school diploma (or equivalent).
- ☐ 4. Provided a copy of a high school diploma, high school transcript, or the equivalent. Please let the Board Administrator know if your diploma/transcript is under a different last name than your current one.
- ☐ 5. Section 3 completed – list your relevant work experience obtained thus far, if any.
- ☐ 6. Sign the Affidavit at bottom of page 2
- ☐ 7. Attestation of Recovery – Signed and dated.
- ☐ 8. Peer Support Specialist Supervisory Agreement – Completed and signed by you and your Board Approved Supervisor
- ☐ 9. Check or money order made payable to the Kentucky State Treasurer (DO NOT SEND CASH)

Temporary Alcohol and Drug Peer Support Registration Application Fee **\$50.00**

The completed application may be submitted to the Kentucky Board of Alcohol and Drug Counselors by mail to: P.O. Box 1360, Frankfort, KY 40602 or delivered to 911 Leawood Drive, Frankfort, KY.

Materials must be received by our office **10 DAYS PRIOR** to the next scheduled Board Meeting. If this deadline is not met, your application will be automatically added to the next month's agenda for review. Board meeting dates are on our website under "Quick Links."

NOTE: The application form and all required supporting documentation, as listed above, must be reviewed and approved by the Board. Incomplete applications will not be reviewed by the Board. It is the applicant's responsibility to make certain that all materials have been received by the Board administrator. You may contact the office to check on the status of your application materials. Email is best: Kelly.Walls@ky.gov

NEXT STEPS:

1. Approximately 2 weeks following the board meeting, you will receive an approval letter and temporary registration number if approved.
2. Or, you will receive a deferral or denial notice with reasoning why.
3. You will receive a letter approving, deferring, or denying the Supervisory Agreement.
4. Print off and start recording your training and supervision on the ALCOHOL AND DRUG PEER SUPPORT SPECIALIST APPLICATION.
5. Obtain the necessary work experience, supervision, training needed to become a fully registered Peer Support Specialist. Remember, this temporary credential expires after 2 years*.
6. One year from the issuance of your temporary registration, YOU MUST SUBMIT A NEW SUPERVISION ANNUAL REPORT to the Board.
7. If you CHANGE SUPERVISORS, you must submit a new Peer Support Specialist Supervisory Agreement to the Board for approval.
8. Begin preparing to take the Peer Support Specialist Exam. When your application for Peer Support Specialist is approved, you will be taking the exam at the next testing date.

EXAM PREPARATION: <http://internationalcredentialing.org> (PR Exam)

9. Download, print and read through the Laws and Regulations if you have not already done so. <http://adc.ky.gov> > Resources

Upon receipt of credential, it is your responsibility to keep the Board Administrator informed of any address change. Do not rely on forwarding services of the United States Postal Service.

* Under exceptional circumstances and upon written request cosigned by the board approved supervisor, the board may approve no more than two extensions of the period of a temporary credential.



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- APPLICATION FOR:
- | | |
|---|-----|
| TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST | () |
| REGISTRATION AS PEER SUPPORT SPECIALIST | () |
| TEMPORARY CERTIFICATION AS AN ALCOHOL AND DRUG COUNSLOR | () |
| CERTIFICATION AS AN ALCOHOL AND DRUG COUNSLOR | () |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR ASSOCIATE | () |
| LICENSED CLINICAL ALCOHOL AND DRUG COUNSELOR | () |

SECTION 1 – APPLICANT INFORMATION

1. _____
- | | | | |
|----------------------------|----------------|------------|------------|
| Name: First | Middle | Last | Maiden |
| _____ | | | |
| Social Security Number | Date of Birth | Home Phone | Cell Phone |
| _____ | | | |
| Mailing Address: Street | City | State | Zip Code |
| _____ | | | |
| Employer | Business Phone | | |
| _____ | | | |
| Employer's Address: Street | City | State | Zip Code |
| _____ | | | |
| Home Email | Business Email | | |
| _____ | | | |
2. Have you had a credential in Kentucky or any other state that has ever been suspended or revoked?
☐ YES ☐ NO If yes, give details: _____
3. Have you been convicted of a felony or plead guilty, including an Alford plea (other than minor traffic violations) under the laws of the United States in the last 5 years? ☐ YES ☐ NO If yes, what offense? _____
(If yes, send supporting documentation.)
4. Are you credentialed as an Alcohol or Drug Counselor in any other state? ☐ YES ☐ NO
If yes, what state? _____ Type of Credential? _____
5. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position from any professional training program, or from the program of any university? ☐ YES ☐ NO
(If yes, send supporting documentation.)
6. Have you ever been sanctioned by the Kentucky Board of Alcohol and Drug Counselors or by any other credentialing board or professional associations for ethical misconduct? ☐ YES ☐ NO
(If yes, send supporting documentation.)
7. Are you currently on active military duty? ☐ YES ☐ NO

SECTION 2 – APPLICANT EDUCATION

School	Name and Location	Dates Attended	Date of Graduation	Number of Hours	Degree Obtained
High School/Equivalent					
Baccalaureate					
Master's					
Doctoral					

Submit proof of your highest education achieved:

- High school / equivalent - submit a copy of your diploma or certificate.
- Other higher education - submit official transcript sent from registrar of the college or university.

SECTION 3 – WORK EXPERIENCE (Attach Additional Related Experience If Needed)

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

Name of Employer:	_____
Title or Position:	_____
Employment Start Date:	_____ End Date: _____
Address of Employer:	_____
Clinical Supervisor:	_____ Credential Number: _____
Total Number of Work Hours per Week Related to Alcohol and Drug Clients:	_____
Describe Work Duties Related to Alcohol and Drug Clients:	_____

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date



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ATTESTATION OF RECOVERY

TEMPORARY REGISTRATION AS PEER SUPPORT SPECIALIST ()

REGISTRATION AS PEER SUPPORT SPECIALIST ()

Pursuant to KRS 309.0831(7), I attest to being in recovery for a minimum of two (2) years from a substance-related disorder.

Signature (Must not be printed or typed)

Date

Printed Name



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PEER SUPPORT SPECIALIST SUPERVISORY AGREEMENT

To Be Completed By Applicant and Supervisor

INSTRUCTIONS

1. This form is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Forms submitted without the appropriate signatures will be returned.
4. The completed form may be submitted to the Kentucky Board of Alcohol and Drug Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

SECTION 1 APPLICANT INFORMATION

First Name	Middle Name	Last Name
/ /	() -	() -
Social Security Number	Home Telephone	Work Telephone
Email Address		
Street Address		
City	State	Zip Code

SECTION 2 SUPERVISOR INFORMATION

First Name	Middle Name	Last Name
Email Address		
Street Address		
City	State	Zip Code
() -		
Telephone Number	Type of License/Certification Held and Number	
/ /	/ /	
Date of issue (attach a copy)	Expiration Date (Attach a copy)	

Date of Board Approved
Supervision Training (Attach copy
of certificate of attendance)

Number of Supervisee's Currently
Providing with Board Approved
Supervision

SECTION 3
INFORMATION RELATED TO SUPERVISED EXPERIENCE

Applicant Name _____

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City

State

Zip Code

Average number of hours expected to be gained per week: _____

Type of Setting: ☐ State/Government Agency ☐ Hospital
 ☐ Non-Profit ☐ DUI/Private Practice
 ☐ School ☐ Rehab Center

Type of peer support/counseling experience to be gained (check all that apply):

<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Judicial/Corrections
<input type="checkbox"/> Child & Adolescent	<input type="checkbox"/> Individual Counseling
<input type="checkbox"/> Adult	<input type="checkbox"/> Group Counseling
<input type="checkbox"/> Family Treatment	
<input type="checkbox"/> Other	

Describe

Describe specifically, and in detail, what work experience will be obtained to meet the criteria for Recovery Support work experience.(201 KAR 35:070)

Describe specifically, and in detail, how supervision will focus on recovery support.(201 KAR 35:070)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor at a minimum of 2 hours every 2 weeks of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the registration/temporary certification/clinical alcohol and drug counselor associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least 2 hours every 2 weeks of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand the supervisory arrangement is only valid while my credential remains in good standing.
- That I will notify the board if the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than twelve persons obtaining experience for peer support/certification/licensure at the same time.

Signature of Supervisor

Date

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

BOARD USE ONLY

☐ Approved by _____ Date: _____
(Initials of Reviewer)

☐ Denied by _____
(Initials of Reviewer)

☐ Deferred by by _____ Date: _____
(Initials of Reviewer)
